BEST AVAILABLE COPY

10-718425

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								030574						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OR.	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			· 22 ·		ŀ		-	RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILEO		NUMBER EXTRA			BASIC F	EΕ	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS.			29_ minus 20=		· 2			XS 9=			OR	X\$18=	3ŠC	
INDEPENDENT CLAIMS			3 minus 3 =		Q			X43=			OR	X86≖		
M	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	ı		OR	TOTAL	806		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L E	NŢITY	OR	OTHER SMALL			
NTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.20	Minus	-2	0	효		, X\$ 9=			OR	X\$18=		
AMEN	Independent	. 4	Minus	5	<u> </u>	= / .	·	X43=			OR	X86=	ger	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	:		OR	+290=	0	
							•	TOTA			OR	TOTAL ADDIT, FEE	PA	
·	1-17-0 6 (Column 1) (Column 2) (Column 3												7	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	: 19	Minus	- 2	(O ·	= /		X\$ 9=		T.	OR	X\$18=	- /-	
AMENDMENT	Independent	• 4.	Minus	•••	3	= / •		X43=	T	1	OR	X86=		
	FIRST PRESE	NTATION OF ME	JUTIPLE DEI	PENDENI	CLAIM	DAIM I		+145=		T	OR	+290=		
								TOTA		` .	OR.	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									l				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ESY BER BUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE.	ADDI- TIONAL FEE	
	Total	•	Minus	**		•		X\$ 9=			OR	X\$18=		
	independent	•	Minus	***		•	l	X43=	1		OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†		OR	+290≖		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									•	00	TOTAL ADDIT. FEE		
-	With This Board Mis	mber Previously Pa aber Previously Pai	IN FOR IN THE	IS SPACE N	tiers the	n 3. enter "3."		DOIT. FE		opriate box	th col	ນກາກ 1,	٠.	